

T&H MFP Critical Incident

Total Questions : 31

Member Details :

Name:

Altruista ID:

Date Of Birth:

Home Phone:

1 MID

Enter here:

2 Last Name

Enter here:

3 First Name

Enter here:

4 Date of Transition

Enter here:

5 Transition Coordinator assigned to Member

Enter here:

6 Date of Critical Incident(s)

Enter here:

7 Location of Incident(s)

Enter here:

8 Date TC learned of Incident

Enter here:

9 How did TC learn of the Incident(s)

Enter here:

10 Incident(s) reported by:

- ☐ Participant
- ☐ eCap
- ☐ CAP CM
- ☐ PACE staff
- ☐ Guardian
- ☐ Caregiver
- ☐ MFP Department
- ☐ MFP RN review of eCap
- ☐ Other

Enter here:

11 Nature of Critical Incident

- ☐ Abuse

Please select the option that best fits the incident

- ☐ Alleged or actual abuse by others ☐ Alleged or actual self-abuse by the Participant

☐ Neglect

Please select the option that best fits the incident

- ☐ Neglect by service provider(s) ☐ Neglect by informal caregivers ☐ Participant self-neglect
☐ Participant left unattended when 24-hour care is required
☐ Wandering / elopement by Participant while in the care of a caregiver ☐ Unsafe home environment
☐ Unsafe interruption in services ☐ Unsafe provision of services

☐ Exploitation

Please select the option that best fits the incident

- ☐ Misappropriation of consumer-directed funds
☐ Theft of Participant's / Informal caregivers' household possession / money ☐ Theft of medications or supplies
☐ Other forms of exploitation, other than theft

☐ Hospitalization

Date of Admission

Facility Name

Date of Discharge

Was this within 30 days of discharge from a hospital or other institutional setting?

- ☐ Yes ☐ No

Comments

☐ Emergency Room Visit

Date of Admission

Facility Name

Date of Discharge

Was this within 30 days of discharge from a hospital or other institutional setting?

- ☐ Yes ☐ No

Comments

☐ Death determined to be due to abuse, neglect, or exploitation

☐ Death in which a breakdown in the 24-hour back-up system was a contributing factor

☐ Involvement with the criminal justice system

Did the Involvement in the criminal justice system lead to arrest, detainment, or incarceration?

- ☐ Yes ☐ No

☐ Medication administration error

☐ Falls not resulting in hospitalization

☐ Falls resulting in hospitalization

☐ Failure to take medication as ordered

☐ Failure/Defect in residence threatening participant's health and safety

☐ Vandalism to participant's residence or property

☐ Care equipment malfunction

- ☐ Choking or other problem of ingestion
- ☐ Traumatic injury
- ☐ Exposure to COVID-19 or COVID-19 Diagnosis
- ☐ Other

Please specify/describe

12 Was APS Notified?

- ☐ Yes
- ☐ No
- ☐ Unknown

13 Was law enforcement called?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ N/A

14 Who was notified as a result of the incident(s)?

Enter here:

15 Was there a condition, situation, or event preceding the incident(s) that was a contributing factor?

- ☐ Yes

If yes, describe:

- ☐ No
- ☐ Unknown
- ☐ N/A

16 Was there a breakdown in the in-home oversight/delivery of services?

- ☐ Yes

If yes, describe:

- ☐ No
- ☐ Unknown
- ☐ N/A

17 Did the incident result in a loss of or is the participant at risk of losing formal or informal caregiver(s)?

- ☐ Yes

If Yes, describe:

- ☐ No
- ☐ Unknown
- ☐ N/A

18 Did the incident result in a loss (or potential loss) of a paid caregiver?

☐ Yes

If Yes, describe:

☐ No

☐ Unknown

☐ N/A

19 Did the incident result in a loss of or is the participant at risk of losing Waiver Services?

☐ Yes

If yes, describe:

☐ No

☐ Unknown

☐ N/A

20 Did the incident result in a loss of or is the participant at risk of losing Housing?

☐ Yes

If yes, describe:

☐ No

☐ Unknown

☐ N/A

21 What is the short-term stabilization plan? In your description include all those involved in the response and their roles.

Enter here:

22 What is the long-term plan if a similar situation occurs again? In your description include all those involved in the response and their roles.

Enter here:

23 Additional Comments for Critical Incident

Enter here:

24 MFP Staff Signature

25 Date

Enter here:

26 MFP Manager Review Section

27 Does this Critical Incident meet criteria for a Critical Incident Response Report (any item checked below) and/or Critical Incident Response Meeting (when indicated below)?

☐ Level I Incident: Occurs within 30 days of transition

☐ Level 1 Incident: Two or more ER incidents (without hospital admission) within a 30-day period

- ☐ Level 1 Incident: Two or more falls within a 30-day period
- ☐ Level 1 Incident: Two or more hospitalizations within a 45-day period
- ☐ Level 1 Incident: Two or more unrelated incidents within a 30-day period
- ☐ All Level II incidents require an Incident Response Report and Incident Response Meeting
- ☐ Loss/risk of loss of provider, informal supports, and/or housing requires an immediate Incident Response Report and Incident Response Meeting within 48-hours of notification
- ☐ No

28 Was Incident Response Meeting scheduled if Level II?

- ☐ Yes, complete MFP Incident Response Meeting script

Date of Incident Response Meeting

- ☐ N/A

29 MFP Manager Signature

30 Date

Enter here:

31 Date Incident Report E-mailed to NCDHHS

Enter here: